

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017755
STATE FILE NUMBER

FILED MAY 26 1958

Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 156

5. 300
1-57
0362
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1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Washington</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Washington</u> 0362 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF IF NOT in hospital, give location) <u>St. Francis Hosp.</u>		Length of stay in lb <u>58 yrs</u>	d. STREET ADDRESS (If outside, give location) <u>823 W. Second St.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Lawrence L.</u> Middle <u>BRINKER</u> Last <u>BRINKER</u>			4. DATE OF DEATH Month <u>May</u> Day <u>21</u> Year <u>1958</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept. 16, 1899</u>	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months <u>58</u> Days <u>8</u> Hours <u>5</u> Min.	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoe Worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Int. Shoe Co.</u>	11. BIRTHPLACE (City and state or country) <u>Washington, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>George Brinker</u>		13b. MOTHER'S MAIDEN NAME <u>Beola Holtmeyer</u>		14. NAME OF HUSBAND OR WIFE <u>Juanita P. Brinker</u>

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, give unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>493-01-0496</u>	17. INFORMANT <u>Juanita P. Brinker, Washington, Mo.</u> Address <u>823 W. 2nd St.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary thrombosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>16 May 58</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Atherosclerotic C.V.R. disease</u>		
	DUE TO (c) <u>4201</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>none</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____			

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>Washington Mo</u>	COUNTY <u>Mo</u>	STATE <u>Mo</u>
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21. I attended the deceased from 16 May 58 to 21 May 58 and last saw her alive on 21 May 58.
Death occurred at 10:00 P. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>R. B. Basso, MD</u> (Degree or title)	22b. ADDRESS <u>Washington Mo</u>	22c. DATE SIGNED <u>23 May 58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>May 24, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Francis Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Washington, Missouri</u>
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24. FUNERAL DIRECTOR <u>Nieburg & Witt, Inc. Washington, Mo.</u> <u>S. H. Witt.</u>	25. DATE RECD. BY LOCAL REG. <u>5/23/58</u>	26. REGISTRAR'S SIGNATURE <u>J. P. Sulman & J. P. Sulman</u>
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Decide, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Alvin C. Neberg*

Licensed Embalmer No. *238*

P. O. Address *Washington*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.